

## VBA Change Management Certification Program Recommendation Form

THIS PORTION TO BE COMPLETED BY THE **CHIEF EXECUTIVE OFFICER** OR A **SENIOR OFFICER**.

Applicant Name: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Please state your reasons below for recommending this applicant to the VBA Change Management Certification Program:

I have reviewed this individual's application and authorize its submission to the VBA for its consideration.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Bank: \_\_\_\_\_ Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_

Please complete this form and return it to Gail Queen at [gqueen@vabankers.org](mailto:gqueen@vabankers.org) by February 11, 2022